

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212524305</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>JOHN P FOREST II</b>  <b>11350 RANDOM HILLS RD STE 700</b>  <b>FAIRFAX, VA 22030-6044</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>FAIRFAX CITY (FILED IN FAIRFAX COUNTY)</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>CA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2012</b></p> <p>SCC ID NO: <b>F1590621</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1910 W SUNSET BLVD STE 200</p> <p style="text-align: center;">CITY/ST/ZIP: LOS ANGELES, CA 90026-0176</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GLENN BURRIS JR  TITLE: PRESIDENT  ADDRESS: 1910 W SUNSET BLVD STE 200  CITY/ST/ZIP/CO: LOS ANGELES, CA 90026 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GLENN BURRIS JR TITLE: PRESIDENT ADDRESS: 1910 W SUNSET BLVD STE 200 CITY/ST/ZIP/CO: LOS ANGELES, CA 90026	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME:	BILL CHANEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4649 E SHIELDS AVE		
CITY/ST/ZIP/CO:	FRESNO, CA 93726		
NAME:	BRUCE DOW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3601 W OLIVE AVE		
CITY/ST/ZIP/CO:	BURBANK, CA 91505		
NAME:	PAUL HARMON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10091 CUTTY SARK DR		
CITY/ST/ZIP/CO:	HUNTINGTON BEACH, CA 92646		
NAME:	ERIC HULET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	251 COUNTRYSIDE CT		
CITY/ST/ZIP/CO:	SOUTHLAKE, TX 76092		
NAME:	JOHN LONG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	201 S NEW AVE		
CITY/ST/ZIP/CO:	MONTEREY PARK, CA 91755		
NAME:	TONY MAUPIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	502 SECOND ST		
CITY/ST/ZIP/CO:	IDAHO FALLS, ID 83401		
NAME:	JOHN MAZARIEGOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	LOT 15 BOX 25		
CITY/ST/ZIP/CO:	2525 W VETERANS BLVD MISSION, TX 78572		
NAME:	RICKY POTEAT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	178 CORNWELL ST		
CITY/ST/ZIP/CO:	FOREST CITY, NC 28043		
NAME:	BURT SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1615 CHAMBERS ST		
CITY/ST/ZIP/CO:	OLYMPIA, WA 98501		
NAME:	KEN SWETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	510 BURNEY ST		
CITY/ST/ZIP/CO:	MODESTO, CA 95354		
NAME:	RON SWOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2350 SE TERRITORIAL RD		
CITY/ST/ZIP/CO:	CANBY, OR 97013		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peter Bonanno DIRECTOR 542 Pembroke St Pembroke, NH 03275	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marion Ingegneri DIRECTOR 4135 W Opportunity Way Phoenix, AZ 85086	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeff Lamont DIRECTOR 9310 Old Henry Rd Louisville, KY 40245	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STERLING BRACKETT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STERLING BRACKETT, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/27/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			